FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00435
1. PLACE OF DEATH	(8)
county Joschester	Registration Dist. No.
Village or City Cambridge	No samb- Med Hospital St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant acrey	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Pan 12-1935	I last saw h alive on , 19 ; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 12-41 m.
I day, Frankrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	With Ill for
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	other candidates of importance.
(State or country)	
13. NAME 13. Codw. Clusey  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Lebaslotte airer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) INA academo /a	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cumbala Inf Date from 12 , 193.4	Nature of injury
19. UNDERTAKER S. Albands. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
	Il so, specify
20. FILED / - 19 & & Dy Deller Megistrar. Registrar.	(Signed) (Address) Cassiloudly M.D.
If more blanks are needed, address State Registrar,	24x N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF	MARYLAND—CERTIFICATE OF DEATH	00436

1.	PLACE OF DEA	TH			—— 97	,
	County Dor	chester			Registration Dist. No.	16
	Village or City_№ Length of residence in c			(1 1 yrs 8 mo	No. Eastern Shore State Hospitast.,  death occurred in a hospital or institution, give its NAME instead of street and n  B. 26 ds. How long in U.S. if of foreign birth?	Ward number)
2.	FULL NAME(a) Residence: No	John A. Centrevi		yland ( un	Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male W	or or race hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  January 20,  (Month) (Day)	193 <sup>5</sup> (Year)
	f merried, widowed, or dividusBAND of (or) WIFE of  ATE OF BIRTH (month, da		agembar 2	2 1852	22.   HEREBY CERTIFY. That I attended of April 25, 19 33, to Jan. 20,   I last saw h im alive on Jan. 20th 19 35	leceased from
7. AC		Months	Days 23	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3:05P_m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
CCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BDDKKEI 9. Industry or business in work was done, as: SAW MILL, BANK,	es SPINNER, EPER, etc			Cerebral arteriosclerosis	About 5 yrs.
0	1D. Date deceased last wo this occupation (mo year)	os befor	11. Total ti sper occu	ime (years) ntin this Life upation Life	Dther Coutributory Causes of Importance:	ago
	13. NAME	Jam	es Blades	5		
E	14. BIRTHPLACE (city or to (State or country)	own)E	laston		Name of operetion Date of What test confirmed diagnosis? Was there an at	
17. II		rn Shore			23. If death wes due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
	Place Cambra Modertaker (Addiess)	REMOVAL	Date Im	n21 ,1936	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? N  If so, specify  (Signed)	O

V. S. No. 1

N. B.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SE	PACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	36 4 4000	Other contributory causes of importance:			
Tausiones	May 1,1923	Gastroenteritis	1 year		

00438

1. PLACE OF DEATH	1-		(%)	
County Dache	stu		Registrati	on Dist. No.
Village or City Ch	not Brick		No. Cambridge Q	St., Ward
Length of rasidenca in city or to	Own where death occurred	vrs 7 mg	death occurred in a hospital or institution, give its NA.  How long in U.S. if of foreign birth?	AME instead of street and number)
2. FULL NAME THE		. 01.	t ( )	y15u5.
1	ous James	82 ) A	Lutocat	
(a) Residence: No.	(Ustal pl	ace of abode)	St. Ward.	lent give city or town and State
PERSONAL AND ST	TATISTICAL PAR	RTICULARS	MEDICAL CERTIFICA	
3. SEX 4. COLOR OR		ARRIED, WIDOWED.	21. DATE OF DEATH	
mole color		RCED (write the word)	(Month)	(Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of				
(or) WIFE of Edith	Chester	,	much 1 1934 to	TY, That I attandad deceased from
6. DATE OF BIRTH (month, day, end y	- Fra . 3	1 1874	l last saw h elive on	193 5°; death is said
	Months   Oays	If LESS than	to have occurred on the date stated abova, et 4:	
60	7 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted c	/
8. Treda, profession, or particula kind of work dona, as SPI	ir	1 01	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, et	tc		mussen lilis	1933
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	ILL, Casa and	6.	Offme arthuli	1933
O 10. Oata deceesed lest worked at	11 Tot	al time (vears)		
this occupation (month and year)	10 11	spent in this 3 0		
to Diprimi Lon (-1)	lad.	Hill	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)(Stete or country)	Der G Mid	-/		
13. NAME MASS	· Chester			
13. NAME 14. BIRTHPLACE (city or town)			Name of oparation	D.A. of
(Stete or country)	Forsheater Co	mi	What test confirmed diagnosis? Character	Dete of
15. MAIOEN NAME	anna H	ughes	23. If daath wes dua to externel causes (VIOL ENCE	
15. MAIOEN NAME  16. BIRTHPLACE (c(ty) or town)		6	Accident, suicide, or homicide?	
(Stata or country)	Southerto G	my	Where did injury occur?	or town, county and State)
17. INFORMANT Edith	Chester		Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
(Address) Company	y (1,5.8	5		
18. BURIAL, CREMATION, OR REMOVA	Date for	w/8,1974	Manner of injury	
2 ( -	1/1	, 15	nature of injury	
19. UNOERTAKER (Address)	- racy		24. Was disease or injury in eny way related to occ	supetion of deceased?
(Muliess)	The state of	12	If so, specify	ACPALL.
20. FILED	5 De Duch	Registrar.	(Signed) (Address) Om Tal	It Cant Md.
		Acgistral.	" (Undiego)	

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
FFB 5 1500					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 00439
1. PLACE OF DEATH	93-0
County Marketine	Registration Dist. No. 11
Village or City / sense	NDSt.,Ward
Length of residence in city of town where death occurred yrs.	teath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME / illiam & Do	rkrau)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
made where married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(Or) WIFE OF Mrs Cockhace	march 1 1954 to fore 140 1955
6. DATE OF BIRTH (month, day, and year) Nov 9 clo 1873	I lest saw have alive on Q-0
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 P. m.
6165 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N. Trade profession or particular	my o cardily before Date of onsot
kind of work done, es SPINNER. Paul Road Boss	and High Blood pressen
kind of work done, es SPINNER. SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this pocupation (month and spent in	
D. Date deceased last worked at 11. Total time (years)	
O 10. Date deceased last worked at this occupation (month and year)	
IN PRINTING ACT (since here)	Dther Coatributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas Wlovekraw	
14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	
15. MAIDEN NAME Slerabethe Carrell	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bligabeth Givel	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Jessie Conkran	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / Lenna	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete ( , 193 S	Nature of injury.
19. UNDERTAKER DE H Willaughly	24. Was disease or injury in any wey related to occupation of deceased?
(Address) 6 ast new Market	If so, specify
20, FILED Lan So 19.35 Elisabeth brall.	(Signed) M. D.
Towal Registrar.	(Address) Austral mm
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00100

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	(3)
County Concus	Registration Dist. No. 15
Village or City Consultation (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louisa M. Co	mish
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 193 5 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended decaased from
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8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Chronic Cardio-Revel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	with General Edema 1925
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Duewell Co. m. S.	7
14. BIRTHPLACE (city or town) Qasan Lisa.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME EQ.  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT COM Matrix Maddless) Qalleriding M	(Specify chylor town, county and State) Specify whether injury occurred in INDUSTRY, in ROME or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O  Place you was Date of 27, 1935	Manner of injury
19. UNDERTAKER Donald Richardson (Address) Cruncy Creek, had	24. Was disease or injury in any way related to occupation of deceased?
20 FILED an 2 le, 1935 anno Whead	(Signad) Lame a) Meace M. D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STACE	LOU	LOUITER	STATEMENTS	Di	THISICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	87:00	
County Donahustin	Registration Dist. No. 115	
Village or City trishing Crush med	ND. St., Wa	ard.
Length of rasidence In city or town where death occurradyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Bingumin J. Crus	gh him	
(a) Residence: No. (Usual place of abode)	✓ St., Ward.  If nonresident give city or town and State    St.,   Ward.   Ward.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
- mare march merrind	(Month) (Day) (Year)	
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That   attended deceased for	rom
and the same	april 1 × 1930, 10 Jan 3 193	5
6. DATE OF BIRTH (month, day, and year) 19, 16/6	I last saw h_sac alive on Gust , 19.35_; death is s	sald
7. AGE Years Months Deys / If LESS than 1 dey,hrs.	to have occurred on the date state above, at 2.5 0 fr.m.	
50 6   / ormin.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importence wera es follows:	ant
Trade, profassion, or particular kind of work done, es SPINNER,		
SAWYER, BDOKKEEPER, etc.		
work was done, as SILK MILL, and and and a	Ju abutoureurg 193	0
10. Date deceased last worked at this occupation (month end spent in this		
01	Other Cantributary Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2	
13. NAME Samuel, Crishfin	186	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Was there an autopsy?	
I 15. MAIDEN NAME Peru Clarin	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19	
-1 (State of country)	Where did injury occur?	
17. INFORMANT M. J. CAMPLE C. (Address)	(Specify cit) or tour, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manmer of Injury	30
Plece Wing MR M Date Jan 5 1984	Neture of Injury	
19. UNDERTAKER Thank S. Olfhangh	24. Was disaase or injury In any way related to occupation of dacaased?	
(Address)	If so, specify	7
20. FILED Law , 19.35 Jam & Micale Registrar.	(Signad) fame w Made M	. D.
76 11 11 11 11 11 11		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	İ	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH 00442
1. PLACE OF DEATH		
County Dorchester		Registration Dist. No. 110
Village or City Near Sturloc	<u> </u>	No. St., Ward
Length of residence in city or town where death occur		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME abortion at	5 ma 9	200
(a) Residence: No.		St. Ward.
	al place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	~. 26,1935	1 lest sew h 1 1 we on 1 1 6 1 5 19 ; deeth is said
	ys If LESS than	to heve occurred on the dete steted above, etm,
Ttell firth at 2 mg	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.		Tremolure Buth
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
0 1	Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) he an I furlow (State or country)	<u> </u>	Other Contributory Causes of importence:
II 13. NAME & noon Dalla	1	
14. BIRTHPLACE (city or town)	/	Neme of operation Date of
(State of country)	0	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME & Easett C/3.	Red	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME & and to C. S.  16. BIRTHPLACE (efty or town) (Stete of country)		Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mother (Address)		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	101	Manner of injury
Place Morney Deto Deto	16 ,1985	Neture of Injury
19. UNDERTAKER Nelson Dolby	Tother	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED //26 , 1935 Chosey	Hostings Registrar.	(Signed) The form M.D.  (Address) Turklock M.A.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

of OCCUPA-

Exact statement

properly classified.

certificate.

Jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

very important.

TION is

Place\_/ph

(Address)

19. UNDERTAKER

7 P	PE	1
5	IS A	ada de
777 /	THIS	13 14
N TO THE	INK	LL
DE L	ING	ACT
MANGIN RESERVED FOR D	NLY, WITH UNFADING INK-THIS IS A PE	L
WI W	UH	
	WIT	. Cull-
	LY,	1
	Z	4

N. B.—WRITE PLA mation should

V. S. No. 1

1. PLACE	STATE (	OF MARYLANI	)—CEI	RTIFICATE OF DEATH	00443
County	Dorchester			Registration Dist. No.	111
Village o	or City Nr. Cambridge	) 	(If death o	D. Eastern Shore State Hospits coursed in a hospital or institution, give its NAME instead of coursed. How long in U.S. If of foreign birth?	St., Ward
	NAME Lafayett dence: No. Biva	e M. Dunn	riclest	, Ward.	
PERS	ONAL AND STATIST	(Usual place of abode)  FICAL PARTICULARS		If nonresident give city or MEDICAL CERTIFICATE OF DE	
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	21. C	DATE OF DEATH  January 30,  (Month) (Oay)	
6. DATE OF BIR 7. AGE	f Mary Airi	ctober 10, 1864    Days   If LESS t 1 day, 20   ormin	l last to han hers. The F	I HEREBY CERTIFY, That I Pril 3, 1930, to January saw h.im. alive on January 30, ve occurred on the date stated abova, at 19:15Pm.  PRINCIPAL CAUSE OF DEATH and related causes of important as follows:	attended deceased from30,, 19.35, ,19.35; death is said
9 Industry work SAW 10. Oate det this year	or business in which was done, as SILK MILL, What MILL, BANK, etc	olesale House  7	rs	Contributory Canses of Importance:	3 yrs.
(State or	Perry Dun	Md.			
4 14. BIRTHPL	ACE (city or town)e or country)	Bivalve Md.	Name	of operation	Date of
15. MAIDEN	NAME Zippora	Wilson		leath was dua to external causes (VIOL ENCE) fill in also the	
∑ (Stat	ACE (city or town) e or country) E.S.S.Hospital		Accid Where	ent, suicide, or homicide? Date of injur e did injury occur?(Specify city or town, count fy whether injury occurred in INDUSTRY, In HOME, or in Pl	y, 19
(Address)	Cambridge,	Md.	Mann	er of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles treet, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify (Signed) related to occupation of deceased?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DE	ATH A	F MAR	YLAND—	CERTIFICATE OF DEATH	
County Lo	chest	w.		Registration Dist. No. //	
Village or City	In live -	R	10 Anall		
Village of City_C	wo cap	- Cler	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residance in	city or town where	death occurrad	yrsmos	ds. How long in U. S. if of foraign birth?yrs	.mosds.
2. FULL NAME.	sulf	Bon	1 at 3	months Era	
(a) Residence: No.				St., Ward.	
BEDGONALA	ND STATIST	(Usual place		If nonresident give city or town a	
PERSONAL A	OR OR RACE			MEDICAL CERTIFICATE OF DEATH	
-M 4.00	17		RIED, WIDOWED,	Tell barn et 3 mos.	102.5
Fo. 14 massied wide and and	V			Care 2/(Month) (Day)	(Year)
5e. If marriad, widowed, or di HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attende	ed deceased from
(or) with or		e e e la		Jan 21, 1935, to	, 19
6. DATE OF BIRTH (month, d	lay, and year)	Jan. 21,	1935	I lest saw h aliva on, 19	; daath Is sald
7. AGE Years	Months (	Deys	If LESS than	to have occurred on the date stated above, atm.	
			1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated ceusas of importanca ware as follows:	Date of onset
8. Trede, profession, or kind of work don	particular e. as SPINNER				Date of offset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					
9. Industry or business work was done, a SAW MILL, BANK	s SILK MILL,	<b></b>			
O 10. Date decaased last w	orkad at	11. Total t	ime (yaars)		
this occupation (n	nonth and		nt in this upation		
12. BIRTHPLACE (city or town	Oslin	· Orea	le neels.	Other Contributory Causes of Importance:	
(Stata or country)	ma	yeard.			
II 13. NAME WU	liun	(Er	u ,		
13. NAME 14. BIRTHPLACE (city or	town See	elare	1	Name of operation Date of	3-1
(Stata or country)		ylun	1.0	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME	auise	Prace	hal.	23. If death was due to external causes (VIOLENCE) fill in also tha follow	
15. MAIDEN NAME S	town) 13 a	Atitire	ula-	Accident, suicida, or homicide? Date of Injury	
State or country		ylun	d.	Where did injury occur?	
17. INFORMANT / WIS	ellica	in Es	u	(Specify city or town, county and S Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE,
(Addrass)					·
18. BURIAL, CREMATION, OR	REMOVAL	0-		Mannar of Injury	
Place_XIE	rary	Data	<u>~22,1934</u>	Neture of Injury	
19. UNDERTAKER ML	lleum	Era	1	24. Was disease or Injury In any way related to occupation of deceased?_	·
(Address)	cetary M	d.		If so, specify	
20. FILED June 22	1936 C	has It	Hastinas	(Signed)	M. D.
			Registrar	(Addrass) / Court of the	34
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

M	)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
		D. Eve	SICIA	tateme	
		RECOR	. PHY	Exact si	
	NG	NENT	CTLY	ified.	
	BINDI	ERMA	EXA	r classi	3
	MARGIN RESERVED FOR BINDING	IS A P	stated	properly	The state of the s
	VED	THIS	ld be	ly be	. J I.
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	IN R	DING	l. AG	so the	
	IARG	UNFA	upplied	terms,	
		WITH	efully s	in plain	. N
	4	INLY,	be car	EATH	
	(	E PLA	should	OFD	-
	-	-WRIT	mation	CAUSE	STATE .
			- band	-	-7

TION is very important.

1	L PLACE OF DEATH				
	County Dorchester			Registration Dist. No. 116	•
	Village or City Finchvil	le. (Fede	eralsburg	MNo. R.F.D.O. St.,	Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and not be dead of street and not street and not be dead of street and	umber)
			yrs,mos		\$OS
-	2. FULL NAME Jacob			WA DAD	
	(a) Residence: No. Finchvi	(Usual place o	neralsou	CE, St., M.C	State
-	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	nate
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
1	Male. Colored.	or Marr	ied.	January 29th.	193_5
5a.	If married, widowed, or divorced			The second secon	(Year)
	HUSBAND of (or) WIFE of Anni	e Evans		22. HEREBY CERTIFY, That I attended d	ecaased from
Ī				may 2/ 1934 to Jan 23	19/0.
	DATE OF BIRTH (month, day, and year) NO AGE Years Months	data on Days	mo T860	to have occurred on the date stated abova, at / 0.1.m.	; death is said
•	75	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trade, profession, or particular		ormin.	Chronic Inter Stilial	Date of onset
ON	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Day lab	orer	Mellustin	14.33
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc				
DO		on far			
0	10. Date deceased last worked at this occupation (month and yaar)	11. Total tir	t in this		
				Other Contributor Causes of importance:	
12.	(Stata or country)	chester	Co.,	Cerefelal - Himmurage	Can 25
2	1	og Dinko	#d.		1934
FATHER	Do	es Pinke rchester		1/0	
FA	14. BIRTHPLACE (city or town)(State or country)	r chester	Md.	What test confirmed diagnosis A Confirmed Was there an au	NO
2	1	e Evans.	Title .	what test confirmed diagnosis	
OTHER	D	orcheste	r Co	23. If daath was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicida, or homicide? Date of injury	
MO	16. BIRTHPLACE (city or town)		Md.	Where did injury occur?	, 19
	Ola Co	llins.		(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CF
17.	(Address) Federals		PFDO		
18.	BURIAL, CREMATION, OR REMOVAL	0,	1001 00;	Manner of injury	
	Placa Cokesbury, Md.	Date Feb	I-s.t%-3-5	Nature of injury	{
19.	undertaker J.T.Framp	tom & So	n.	24. Was disease or injury in any way ralated to occupation of deceased?	20
	(Address) Federal	sburg, M	d.	if so, specify	
20.	FILED File Land 1930 C	an 24. 24	stinge	(Signed) C. C. A. C.	M. [
			R gistrar.	(Address) f. f. L.	9
	If more	blanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

B.—WRITE PI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	distan	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Arteriosclerosis		Run over by street car	1 week ago	
Chronic interstitial nephritis	1921	Kun over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
• OFFICE AND STATE OF THE STATE	Ц			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

00446

1	L PLACE OF	DEAL	н			(131)	/
	County Do:	rches	ster			Registration Dist. No. // 4	
	Village or Ci	ty_And	lrews, 1	/d.	/10	No. X St.,	Ward
	Length of resid	dence in city	y or town where de	eath occurred.	7 yrs 3 mos	deal occurred in a norpital or institution, give its IVAIVIE. Instead of street and but the control of the cont	imper)
1	. FULL NAM				ay		
			Andrews			St. X Ward.	
	(a) Nesidello	e. No		(Usual place	e of abode)	If nonresident give city or town and S	State
gambique (	PERSON	AL ANI	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male		or RACE	OR DIVORCE	RRIED, WIDOWED, ED (wate the word)	21. DATE OF DEATH  January 24th,  (Month) (Dev)	193 5 (Yeer)
5a.	If merried, widowe HUSBAND of (or) WIFE of	ed, or divor S &	arah E.	Wroten		22. I HEREBY CERTIFY, That I ettended d	eceased from
6.	DATE OF BIRTH (	month, day,	, end yeer)	10/24/1	847	I last saw because elive on Jan 2/2 , 1955	
7.	AGE Yeer	rs	Months	Deys	If LESS then	to heve occurred on the dete stated above, at	
1	87	sion or nar	3	I5	l dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date of onset
OCCUPATION	kind of w	ork done, e	rticular * es SPINNER, FE ER, etc.	armer.		2 P	9//- 2
AT	9. Industry or b	usiness in	which			ESTATE MIGHTERS	9/22/33
JU.	9. Industry or b work wes SAW MILI	done, as SI L, BANK, et	tc			Terrene Com provelaco -	
000	10. Date decease this occup yeer)	etion (mon	ked et th and I933	SDI	time (years) ent in this 6.7 cupetion 6.7		1/21/35
12.	BIRTHPLACE (city		Waryl			Other Contributory Causes of importence:	
ER	13. NAME JaI	nes V	. Hadda	way			
FATHER	14. BIRTHPLACE (Stete or		wn)Mary	land.		Neme of operation Date of	
2	15. MAIDEN NAM		Caroline		ell	Whet test confirmed diegnosis? Wes there en eu  23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (Stete or	(city or tov	vn)	rland.	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide? Dete of injury	
17.	INFORMANT	Burni		Laway.		Where did injury occur? (Specify city or town, county and State.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATI	ION, OR RE	EMOVAL		6/35.,19	Manner of Injury	
19	UNDERTAKER (Address) (	Gra	nville idge, l	S. LEC	ompte.	24. Wes diseese or injury In eny wey releted to occupation of deceesed?	٧.
20,	FILED Jan .	26.1		V Loc	ack Registrar.	(Signed) . M. Jaccels  (Address) Carrelinge, Inc.	м. D.
			If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00447
APPLACE OF DEATH	
0 1 /-	(107-0)
County Drobistis	Registration Dist. No.
Village or City Combuly	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 14 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benning Annie	J
(a) Residence: No. 20 Daughla	04 W I
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or Divorced (write the word)	nnuny 79 , 1935
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of Della Amis	22. 1 HEREBY CERT FY, That I attended deceased from
1 1067	19.35 to anecety 29, 19.35
6. DATE OF BIRTH (month, day, and year)	last saw h alive on 1934; death is said
1 day bre	to have occurred on the date stated above, at 4 '00 a.m.
Trade profession or application	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	13 sonchogenumona 1-19-35
9. Industry or business in which	(Ordinary)
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1935 - spent in this occupation occupation occupation)	
7 10.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Navey Harri	
14. BIRTHPLACE (city or town)(Stete or country)	Name of operation
15. MAIDEN NAME (3)	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
10.11.11	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 2 10 44 44 54	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Description of later.
Place Sureling Mate 2 - 3 19 31	Manner of Injury
f	Neture of Injury
19. UNDERTAKER ALLES Dayner (Address)	24. Was disease or Injury In any way related to occupation of deceased?
7 7 358 065 7	If so, specify (Signed) And M.D.
20 FILED A TO SO WITH CONTRACT SO	( (orginal)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) Com V

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

A	1	18	1	0
U	U	4	4	8

1. PLACE	OF DEATH			(97)	,
County	Dorcheste	r	*****	Registration Dist. No	115
Village or	City NR Camb	ridge		No. Eastern Shore State Hospitest,	Ward
Length of re	esidence in city or town what	re death occurrad	1 yrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and 7 ds. How long in U.S. if of foraign blith? yrs	number)
2. FULL N		nnie Hasse		· h·	
(a) Reside	ence: No. Rhodes	dale, Md. (Usual place	( auts	Ward.  If nonresident give city or town and	State
PERSO	NAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  January 8,  (Month) (Day)	, <sub>193</sub> 5
5a. If married, wide				22. I HEREBY CERTIFY. That I attended	(Year)
(01) 11112 01				November 1, 19 33, to Jamiary 8,	
6. DATE OF BIRTH	(month, day, end year)	August 8	, 1849	I last saw h er alive on January 8, 19 35	_; deeth is said
7. AGE Y	aars Months	Days	If LESS than 1 dayhrs.	to have occurred on the data stated above, at 12:35. Pm.	
-	35 5		ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
SAWYE	fassion, or particular work done, as SPINNER, ER, BOOKKEEPER, etc businass in which			Cerebral arteriosclerosis	about 3 yrs.
SAW M	vas dona, as SILK MILL, IILL, BANK, etc	Non			ago Jis.
	cupation (month and	11. lotal t	ima (yaars) nt in this upation	1,	- 24 Q A
12. BIRTHPLACE ( (State or co			, petron	Other Contributory Causes of importance:	
13. NAME	Charles Hen:				,
	CE (city or town)Unki		Md.	Name of oparation Date of What tast confirmed diagnosis? Was there are	
15. MAIDEN N	AME Julia Ani	Stevens		23. If death was due to external causes (VIOLENCE) fill in also the following	
	CE (city or town)DORG	chester Co	unty, Md.	Accident, sulcide, or homicide? Date of Injury  Where did injury occur?	T
17. INFORMANT(Address)	E.S.S.Hospit	al Cambridg	e, Md.	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	le) ACE.
18. BURIAL, CREMA	eleralsh	y Data Terr	12 ,1935	Manner of injury	
19. UNDERTAKER (Address)	27 Fran	alle	Son.	24. Was disease or injury in any way ralated to occupation of deceased NO If so, specify	
20. FILED	10,1935 N	1. J. 6 M	Registrar.	(Signad) MARY (Address) Cambridge, Mary and	M.D.
	If mo	re blanks are needed, e	iddress State Registrar,	2411 N. Charles Sweet, Baltimore, Requesting U. S. No. 1.	

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

1. PLACE OF DEATH

pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than Days to have occurred on the date steted above, at ... I dey ....hrs or .... min. Revicado 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... back 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Totel time (years) this occupetion (month and spant in this instructions occupation .... 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation\_ (Stata or country) What tast confirmed diagnosis?\_\_\_\_\_ Was there en eutopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_ 19 (State or country) Whare did injury occur? (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE mation NOLL Nature of Injury 24. Was disease or injury In any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify Registrar. If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Data of onset

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH		(131)		
County Dorchester			Registration Dist. No. II6	
Village or City Cambridge, M	(i	No. X death occurred in a hospital or in X de Howlong in U.S.	St., stitution, give its NAME instead of street and n If of foreign birth? yrs. mo	war (
2. FULL NAMEDebbie P. Ho			in or roteigh bitth:ytsmo	5
A 7 2 N .		St. I Ward.		
(a) Residence: No. Cambridge	(Usual place of abode)	St., Ward.	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, IR DIVORCED (write the word)	21. DATE OF DEAT	H January 30 (Month) (Dey)	.5 193 (Year)
I. If married, widowed, or divorced HUSBAND of		22. IHERE	BY CERTIFY. That I attended of	
(or) WIFE of Late A. J. Ho	rner,	1	190 S to San S	ieceased iro درگر 19
DATE OF BIRTH (month, day, and year)	857 may.	Last sew han alive on	1 //	; deeth is sa
AGE Years Months 8	Days If LESS than 1 day, hrs. or min.	to heve occurred on the date.  The PRINCIPAL CAUSE OF D.  were as follows:	stated above, at 6 Pom.	Dete of onse
8. Trede, profossion, or particular kind of work done, as SPINNER.	Wife.	DA,		Dete of ons
kind of work done, as SPINNER, HOUS SAWYER, BOOKKEEPER, etc.	se Wife	Myoca	distra-	n 28.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	×	flants	Willation Gr	n 284
kind of work done, as SPINNER, House SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this X occupation	acure (S)	renelutre fo	2/0-
2. BIRTHPLACE (city or town). (Stete or country) Maryland.		Other Contributory Causes of		3-2-2-
		Cardo -	renal-Vasudas	1959
13. NAME Not Known	+P M.		2	
14. BIRTHPLACE (city or town) (Stete or country)	t Co., rns.	Neme of operation	Date of	!
15. MAIDEN NAME Not Known		Whet test confirmed diegnosis		
or Da.	t Cam		I ceuses (VIOLENCE) fill in elso the following:  ? Date of injury	
16. BIRTHPLACE (city or town)	X. Salling J. L. Della C.	Where did Injury occur?		, 13
NINFORMANT Mr Harry Tower (Address) Cambridge.	d.	Specify whether injury occurr	(Specify city or town, county and State ed in INDUSTRY, in HOME, or In PUBLIC PLA	cE.
B. BURIAL, CREMATION, OR REMOVAL Md. Plece Cambridge, Md. Da	2/I/35.	Manner of injury		
O UNDERTAKER Granville S. (Address) Cambridge, M.	LeCompte.	24. Was diseese or injury in e	ny way related to occupetion of deceesed?	no

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS
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TE OF MARYLAND—CERTIFICATE OF DEATH If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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			ad		
child se	a Carth	certilica	IT		

V. S. No. 1

		STATE C	F MARY	/LAND-	CERTIFICATE	OF DEATH	
1	L. PLACE OF				131)		1 00452
CountyDorchester						Registration Dist. No. 3	.6
	Village or City Hudson, Md.				ND. X death accurred in a hospital or institu	ution give its NAME instead of stre	St., Ward
1	Length of residen	ce in city or town whera o	death occurred 70	yrs 6 mos		of foreign birth?yrs	mosds.
:	2. FULL NAMI	Thoas R.	Mitche	ll Hubbar	d.		
	(a) Residence:	No. Hudson	(Usual place of		St., X Ward.	If nonresident give city or to	wn end State
PERSONAL AND STATISTICAL PARTICULARS				CULARS	MEDICAL C	ERTIFICATE OF DEA	ТН
3.	3. SEX 4. COLOR OR RACE 5.		5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH	tary 24th, (Month) (Day)	5 (Year)
5a. If married, widowed, or divorced rshall.  HUSBAND of NOTA Marshall.  (or) WIFE of					22. Sept 29	Y CERTIFY, That I at	tended deceased from
_		nth, day, and year) II/	77/1864		I last saw harman alive on		935; death is said
7.	AGE Years	Months 6	Days I3	If LESS than  1 day,hrs.	to have occurred on the date state	ed above, at 5 • 20 Pm • M of TH and related causes of important	
-	70 Trada, profassio		1 10	ormin.	were as follows:	III and jointed causes of important	Date of onset
OCCUPATION	9. Industry or bus work was do SAW MILL, 10. Date deceased I this occupati year)	kind of work done, as SPINNER in Carpenter  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Chronic Supporting Chronic Chronic deffect		Sept. 1934 Ide 1934 Law 1935
(State or country) Maryland.					Chronic bruy	ocarketes	3.
FATHER	13. NAME Levin T. Hubbard.  14. BIRTHPLACE (city or town) (State or country)  Maryland.				Name of operation Lagran. What test confirmed diagnosis?	L -the	nta of X OV: 12. 123.4 ere an autopsylva
MOTHER		15. MAIDEN NAME Mary F. Mitchell  16. BIRTHPLACE (city or town)  (Stata or country)  Maryland.				uses (VIOLENCE) fill in also tha fo	, 19
17. INFORMANT Mrs Nora Hubbard. (Address) Hudson, Md.					(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION			1935.	Manner of injury		
19.		ranville S	LeCom	te.	24. Was disease or injury in any w	way related to occupation of deceas	sed? ZLV
20.	FILED / - 2	7, 19 3 U D	Hill	Megistrar.	(Signed) Wylee) (Address) Ca	I face red	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		162	111115	
Other contributeur contributeur				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STACE	ron	TURITER SWATEMENTS	DI	PHISICIAN

Sex

STATE OF	MARYLAND—CERTIFICATE C	OF DEATH
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00453

	1. PLACE OF DEATH		<u> </u>		
1	County Dercheste	Es .		Registration Dist. No.	15
104	Village or City Cambre	Le. md. K	Logueto	U No	Wand
	Parath of the Control	1	(1)	f death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where d	eath occurredyr:	smos	ds. How long in U.S. If of foreign birth?yrs	10sds.
	2. FULL NAME /Sakey	girl Juste	4		
-	(a) Residence: No. Zeo-de (		/	St., Ward.	
400	DEDCOMAL AND CTATION	(Usual place of about		If nonresident give city or town and	J State
-	PERSONAL AND STATISTI SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
	4. COLOR OR RACE	5. SINGLE, MARRIED, V OR DIVORCED (write	widowed, the word)	21. DATE OF DEATH	pa
-	female White	Lugle		(Month) (Day)	., 193 (Year)
1	If married, widowed, or divorced HUSBAND of (or) WIFE of	0		22. I HEREBY CERTIES. That I attended	
	(or) WIFE OF She	lborn		THE LEGICAL TIPE, That I attended	
6.	DATE OF BIRTH (month, day, and year)	n. 10. 1935			
	AGE Years Months		LESS than	to have occurred on the date stated above, atm.	_; death is said
	Stillhown		y,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	1 ( or	min.	were as follows:	Date of enset
õ	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
OCCUPATION	9. Industry or business in which			DI-01	
S	work was done, as SILK MILL, SAW MILL, BANK, etc	·		Tullborn	
0	1 this occupation (month and	11. Total time (yes	ars)		
-	year)	occupation	/	Other Contributory Causes of importance:	
12	. BIRTHPLACE (city or town) _ (_ausbur	de Med. 1	to spilal	- A	
~	(State or country)	) 1			
HER	13. NAME /Vaccard o	neley		ause fulmown	
FAT	14. BIRTHPLACE (city or town) Cause	bridge red.		Name of operation Date of	
-	(State or country)		7	What test confirmed diagnosis? Was there an a	autonsy?
HER	15. MAIDEN NAME Serving	le Lecoupt	e	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) Les	eua		Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	and.		Where did injury occur?	
17.	INFORMANT Sertrule Le	caughte Jus	ley	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18.	BURIAL, CREMATION, OR REMOVAL	15.70	4.	Manner of injury	
_	Place Daulougas	Date /-/ 0	ر کی 19	Nature of injury	
10	HINDERTAKED S. S. Jela	note	7	24. Was disease or Injury in any way related to occupation of deceased?	
13.	19. UNDERTAKER (Address)			If so, specify	
00	5450 / - / D = 315 W.	S. E. Dh.	1	(Signed) Loyle M. Faw	
20.	FILED / - / 0 , 1980 W/-	9.0.7.44	Registrar.	(Address) Rawland Wd.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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certificate.

See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	$\epsilon r$	1	5	18
V	V	X	1)	K

1. PLACE OF DEATH	4 - 1 - 1	(i.e)	
County Dorchesler		Registration Dist, No. 110	
Village or City	lock	No. St.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in city or town where death occurred:	_	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME fames Russel	e gense	in	
(a) Residence: No. Yuan Hustan (Usual plac	ce of abode)	St., Ward.  If nonresident give city or town and S	itale
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (Month) (Day)	193 5
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That f attended de	eceased from
0	10 1021	I an He test the hade	19.35
6. DATE OF BIRTH (month, day, end year)	14,1134		death is said
7. AGE Years Months Days	If LESS than  1 day,hrs,	to have occurred on the date stated above, et \$ 30 Qt_m.	
3 7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		from the infarmation of	
SAWYER, BOOKKEEPER, etc		machen.	· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc.		child dull of Influence	1494-
0 10. Date deceased last worked at 11. Total	time (years)		- / //
	ent In this		
sor chate	anni.	Other Contributory Canses of importance:	
12. BfRTHPLACE (city or town) (State or country)			
13. NAME Wilton Ellert Schea	v muly	mild:	
E 0 1 - 1	you organ	Loca mond	
14. BIRTHPLACE (city or town) The anchor	<i>Q </i>	Name of operation	no.
		What test confirmed diegnosis? Was there an eul	lopsy?
E A T	J	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	-60	Accident, suicide, or homicide? Date of injury	, 19
- (State of Country)	-	Where did injury occur?	
17. INFORMANT Continue James (Address)	as marwor	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	446 11-	Manner of injury	
Place Wash. Usu! Date fas	14,1955	Nature of injury	
19. UNDERTAKER Peter Johns		24. Was disease or injury in any way related to occupation of deceased?	0
(Address)		If so, specify	
100 FULTO (AND 16 1025 - CMP 74.3	1. It on	(Signed) L. Fragier	M. D.
20. FILED 500 10 , 1950 Vias -U P	Registrar.	(Address) Hucklack mid	6

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ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN

# FOR BINDING IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA.

MARGIN RESERVED

(a) Residence: No. But (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I ettended deceased from 19.3.5, to One word 19.
ATE OF BIRTH (month, day, and year) 1885 march 29	Mast saw h lelive on 2 and 1936 death is se
GE Years Months Deys If LESS than	to have occurred on the date steted above, and 40 A 772
49 500 19 19 14 1day,h	5. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Harden SAWYER, BOOKKEEPER, etc.	C as a Page
Industry or business in which	angana recours
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and //0/35 11. Total time (years) spent in this 3.5	
year) occupation	Other Coutributory Causes of Importance:
State or country O	
13. NAME The Jones	
14, BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Colored	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
NFORMANT (Address) 3 1/2 / Year	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place dolopo Sand medoate 1/17/25,19	Nature of injury
UNDERTAKER 48 LC	24. Was disease or injury in any way related to occupation of deceased?
(Address) Reg	If so, specify

STATE OF MARYLAND-CERTIFICATE OF DEATH

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	114
County Dorchesler	Paristantian Diet No.
W 2 1- 1J 1/1	Registration Dist. No.
	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John H. Reene	
(a) Residence: No. Halden Hell aut	riste Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(ar) WIFE of Marth L. Caul	22.   HEREBY CERTIFY, That I attended deceesed from
6 DATE OF BIRTH (month day and year) Oura 6.1855	Dec 14 , 1934 , to 51 , 1934
di Billio di Billio (montin, day, end yeer)	I last sew harman alive on
7. AGE Years Months D ys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence
	were es follows:  Bleaved May Couldty Date of onset
Trede, profession, or particular kind of work done, es SPINNER, Farule SAWYER, BOOKKEPER, etc	topiones 1434
9. Industry or business in which	/7 34
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date deceased last worked et this occupation (month and 1939 spent in this occupation occupation)	
Holden Isell	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  OC, CO, N.	
13. NAME John H. Reene	
13. NAME Yolke Y Recue  14. BIRTHPLACE (city or town) Lalden / Yell	Neme of operation Dete of
(State or country) Doz Co, Md	Whet test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Preciled Warfield	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME / Reciled Warfield  16. BIRTHPLACE (city or town) Becker sty Treck	Accident, suicide, or homicide? Date of injury 19
(State or country) Doz. Con Mix	Where did Injury occur?
17. INFORMANT John H. Reene Jac. (Address) Toulows Island her	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Lines Rood Com Dete Jell 6, 1935	Nature of Injury
10 HADERTAKED That Claim	24. Wes disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER 308 Mur DX Cambridge Mid	If so, specify
20. FILED / - 5 , 19 3 5 D. 4 E. Muker	(Signed) Jacoballa M. D.  (Address) Cambridge Viel
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
For authorization of date, of berthere	
Setter filled mader. Reenle. 3/1/35	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

important.

TION is

1. PLACE OF DEATH			(N-f)
County Dorchester			Registration Dist. No. // D
Village or City Williams	ourg. (O	ut-side)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred I	4 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  . 26 ds. How long in U.S. if of foreign birth?
2. FULL NAME Bertha	Eveline	Medford,	
(a) Residence: No.William:			St., Ward.
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH
Female, White,		D (write the word)	January, 17th, 1935 (Month) (Qay) (Year)
5e. If married, widowed, or divorced HUSBAND of			22, I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of			am 17 135 to am 17 1935
6. DATE OF BIRTH (month, day, and yeer)	une 2Is	t. 1920	I last saw h alive on
7. AGE Years Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
I4 6	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as sollows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None.		- Julinga
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc			
SAW MILL, BANK, etc	II Total t	ime (years)	
O this occupation (month and year)	spe	nt in this upation	
12. BIRTHPLACE (city or town)Dorch	ester Co	2	Other Contributory Canses of importance:
(State or country)		Md.	
II. NAME William F			
4   14. BIRTHPLACE (CITY OF TOWN)	rcheste	r co. Md.	Name of operation
(State of country)	E. Med	ford.	What test confirmed diagnosis? Was there an autopsy?
	chester		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)		Md.	Where did injury occur?
17. INFORMANT Mrs. William R. Medford.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Williamsburg, Md. R.F.D.			
18. BURIAL, CREMATION, OR REMDVAL Plece St. Paul, Md. Date Jan, 2011, 1935.			Manner of injury
19. UNDERTAKER J. T. Frampto	om & Son		24. Wes disease ar infury in any way telated to occupation of deceased?
(Address) Federal	sburg. M	d.	If so, specify
20. FILED /- 18 1935 C	less 24.5	Hastings	(Signed) M. D.
		Registrar	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

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TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, ξ, ż

V. S. No. 1

,	LAPLACE OF DEA		F M	ARY	/LAND-	CERTIFICATE OF DEATH 00	459		
0	County Dorch					Registration Dist. No.TI6			
	Village or City		e, Md	l .		No. X	War		
		city or town where d	eath occurr	ed 4	yrsXmos	death occurred in a horpital or institution, give its NAME instead of street and nu			
	(a) Residence: No.		ridge		Id.	St., I Ward.  If nonresident give city or town and S	ale		
	PERSONAL A	ND STATIST	CAL P	ARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
	Female 4. con	OR OR RACE White	5. SINGLE OR-DO	E, MARR VORCED	RIED. WIDOWED.	21. DATE OF DEATH  January 24th,  (Month) (Day)	193 5 (Year)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arnold D. Meredith.					22.   I HEREBY CERTIFY, That I attended de Jaw. 23 1935, to Jaw. 24	., 1935		
	DATE OF BIRTH (month, d					1 / set saw h 47 alive on au 23 / 1935;	death Is sai		
7.	AGE Years	Months	Da 22		if LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
	24	4			ormin.	tuese as tellanos	Date of onse		
NO O	8. Trade, profession, or kind of work don SAWYER, BDDKK	e, as SPINNER,	use V	Wife	9	Fulmanon Fulesculagia	· · · · bu-		
OCCUPATION	9. Industry or business	in which	***************************************			Valuation of an extension			
CUE	9. Industry or business work was done, as SAW MILL, BANK		X			4			
0	1D. Date deceased last w this occupation (n year)	onth and		spen	me (years) t in this X pation				
			(	00.12	pation ========	Othar Contributory Causes of importance:			
12.	(State or country) U	een Anne	Co	•	Md.				
ER		H. Vicke							
FATHER	14. BIRTHPLACE (city or (State or country)		and.			Name of operation Date of What test confirmed diagnosis Clinical Was there an au	onev? Ko		
ER	15. MAIDEN NAME	Lola Hur	ley.			23. If death was due to external causas (ViOLENCE) fili in also the following:	0,00,000		
MOTHER	16. BIRTHPLACE (city or (State or country	town)	ylan	d.		Accident, suicide, or homicide? Date of injury			
17.	17. INFORMANT Arnold Meredith.  (Addrass) Wilmington, Del.  18. BURIAL, CREMATION, DR REMOVAL  Place Cambridge, Md. Date I/27/35.19					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18.						Manner of injury			
19.	. UNDERTAKER Gra. (Address) Cam	nville S bridge,	Id Le	Gomj	ote.	24. Was disease or injury in any way related to occupation of deceased? Zes			
20.	FILED 1-27	, 19.35 ().	Gel	lei	Registrar.	(Signed) Wyle M. Faw (Address) Cambule Wed	M.		
-	- 49127- 1 1 200					<u> </u>			

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

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AX	f infor-	1. PLACE	OF DEAT	гн	OF MAR	YLAND—	CERTIF		
LINU	5 = 0	County_ Dorchester							
	.= 0			ambridge		O yrs 5 mos	No. East occurred in		
	RD. Every YSICIANS statement						s. 60 ds. H		
		2. FULL N			chard Nor	man			
				Chester	(Usual place	of abode)	St.,		
	RECO. Fxact	PERSO	DNAL AN	D STATIST	ICAL PART	CULARS			
9		3. SEX Male	White	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE		
BINDING	PERMANENT EXACTLY It classified.	5a. If married, wid HUSBAND o (or) WIFE of	f	Estell	e Hopkins		22. I		
BIN	EX EX y cla	6. DATE OF BIRT	H (month, day	, and yaar ay	26, 1879		I last saw h		
	ed erl fica	7. AGE	Yaars	Months	Days	If LESS than	to hava occurr		
FOR	IS A PE stated E properly certificate	1	55	7	29	1 day,hrs.	The PRINCIPA		
	HIS be be of	8. Trade, pr kind o SAWY	ofession, or pa of work dona, a ER, BOOKKEEI	as SPINNER, PER, atc	Farmer		Gener		
RV	INK—THIS  should be t it may be on back of	Work	or business in was dona, as S MILL, BANK, e	ILK MILL 103	d not own	farms			
RESERVED	AGE should that it may tions on back	0 10. Data dec this or yaar)	eased last work ccupation (man	kad at thend	11. Total t spa	ima (years) ntin this Life upation			
R	AGE AGE o tha	12 PIRTURI ACE	(aitu an taun)	Chester			Other Contribu		

TATE OF	MARYLAND—CERTIFICATE OF DEATH	00460
TH		1111 7 7 7 11

1. PLACE O	F DEATH			- 83	0400		
County	Dorchester			Registration Dist. No	16		
	City Nr Caulbridge		0 yrs 5 mos	No. Eastern Shore State Hospitsl, Waldf death occurred in a hospital or institution, give its NAME instead of street and number) os. 23 ds. How long In U.S. if of foreign birth? yrs. mos.			
2. FULL NA (a) Reside	ME James Ri nce: No. Chester	chard Nor	man	St., Ward.  If nonresident give city or town			
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX Male	4. COLOR OR RACE White	OR DIVORCI	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH  Jamuary 24,  (Month) (Day)	, 193 5		
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced Estell  (month, day, and yall)	e Hopkins	5	22. I HEREBY CERTIFY, That I attended deceased in August 1, 1934, to January 24, 1935; death is			
	ars Months	Days	If LESS than	to have occurred on the data stated above, at 7:29 Am.	a; daath is sai		
5	55 7	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca ware as follows:	Date of onsat		
9. Industry or work was SAW MI	work doná, as SPINNER, I, BOOKKEEPER, atc	d not own	n farms tima (years) unation this Life	General paresis	6 yrs		
12. BIRTHPLACE (ci (State or cou	ity or town) Chester ntry)			Other Contributory Causes of importance:			
13. NAME	James P. N	orman					
(Stata or	E (city or town) Che	ster Md.		Name of operation Date of What test confirmed diagnosis? Was there a			
15. MAIDEN NA	ME Emelia Bri	ght		23. If death was dua to external causes (VIOL ENCE) fill in also the follow			
	(city or town)	Chester	id.	Accidant, suicide, or homicide? Data of injury, 19			
17. INFORMANT(Address)	Cambridge, M			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMAN	TION, OR REMOVAL	Data Jan	v29 1935	Mannar of injury			
19. UNDERTAKER (Address)	Stevensu F: 1935 Dr.	uds Tille Gulu	md Muke	24. Was disease or injury any way related to occupation of dacassad?  If so, spacify  (Signad)  (Signad)	No No. m. d		

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		1200	

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
y	15,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

1		STATE (	OF MAR'	YLAND-	CERTIFICATE OF DEATH	1462	
	County Dorch			of the same	Registration Dist. No. 16		
117	Village or City		e ? Md.		No. X St. X	Ward	
	Length of residence in	city or town where	death occurred.	8 vrs.X mos	f death occurred in a horpital or institution, give its NAME instead of street and s	number)	
	2. FULL NAME						
	(a) Residence: No.			ve	St., I Ward. X  If nonresident give city or town and	State	
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	Disto	
		LOR OR RACE	5. SINGLE, MARI OR DIVORCED WILLOWS	(write the word)	21. DATE OF DEATH January 6th, (Month) (Day)	, 193 <b>5</b>	
5a	If married, widowed, or d HUSBAND of (or) WIFE of La-	ivorced ce Charle	es G. Pr	itchett.	22. I HEREBY CERTIFY That I attended	(1.00.7	
6	DATE OF BIRTH (month,	day and year)	I0/23/I	893.	I last saw h alive on 19	death le said	
-	AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 0 . 50 Pm M .	_ , ucatii is said	
	41		2 13	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of enset	
OCCUPATION	8. Trade, profession, or kind of work don SAWYER, BOOKK	particular e, es SPINNER, EEPER, etc	House W	ife.	Can cining formany of		
UPA	9. Industry or business work was done, a SAW MILL, BANI	s SILK MILL, C. etc	х		my water)		
000	10. Date deceased last verbis occupation (region)	vorked at	11. Total tip	me (years) t in this I ? pation		-	
12	BIRTHPLACE (city or tow (State or country)	n) Willia	amsburg,	Md.	Other Contributory Causes of Importance:		
ER	13. NAME Jame	s Hughe;	у.				
FATHER	14. BIRTHPLACE (city or (State or country		land.	· · · · · · · · · · · · · · · · · · ·	Name of operation Date of What test confirmed diagnosis? Was there an	pung 16 30	
TER.	15. MAIDEN NAME An	nanda Ph	illips		23. If death was due to external causes (VIOLENCE) fill in also the following		
MOTHER	16. BIRTHPLACE (city or (State or country	town)	ryland.		Accident, suicide, or homicide? Date of injury		
17.		Albert I	Marshall Md.	•	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18	BURIAL, CREMATION, OR Place Cambrid	ge, Md,		/35.,19	Manner of injury		
19		nville S		pte	24. Was disease or injury in any way related to occupation of deceased?	w	
20.	FILED / - 7	, 19 3 5 0	. Y. K. 7.	Registrar.	(Signed) Cambrilys My	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
dy 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
el	1921 ly5,1927	1921 Run over by street car ly 5,1927 Peritonitis  Other contributory causes of importance:

	infor- state UPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH 00463
18		1. PLACE OF DEATH	- Wa
	should of i	ON County Dorghlally	Registration Dist. No.
6	of Libou	Village or City & auchardy Md.	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
1)	nt nt	Length of residence in city or town where deeth occurredyrsnos.	
P	CORD. Every PHYSICIANS ict statement	2. FULL NAME O saly Bon Son	ullen
,	RD. YSI	(a) Residence: No.	St., Ward.
	RECORD PHYS Exact sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	RECC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	FY	Mall Blash OK DIVORCED (refrite the word)	January 3/ 1935
NG	NENT CTLY ifed.	5e. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
BINDING		(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased fro
M.	MY S	6. DATE OF BIRTH (month, dey, and year)	
	od Ferly icate	7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at 16.25 P.m.
FOR	IS A PE stated E properly certificate		The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
	00 000	8. Trede, profession, or perticular kind of work done, as SPINNER, Alewborn SAWYER, BOOKKEPER, etc.	Date of onse
RESERVED		9. Industry or business in which	Julmonary allectasts 1-31-
3R	VK—T should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	
ESS	1 m + 0	Spentin this	
24	NFADING I oplied. AGE erms, so that instructions of		Other Contributory Causes of importance:
Z	ADING ed. AG s, so the ructions	12. BIRTHPLACE (city or town) (State or country)	
MARGIN	UNFAI supplied. n terms, ee instru	W 13. NAME Williams Motionsons	
MA	D = 2 0	14. BIRTHPLACE (city or town for Anoun Aloudan	Neme of operation. ADMS. Date of
	H -= 70	(State of Country)	Whet test confirmed diegnosis? Cinical I Wes there en autopsy
	WITH efully in pla ant.	16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
4	NLY, W be carefu EATH in important	Stete or country	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
	A INLY, Id be ca DEATH y import	EDDO Vare Dan to	Where did injury occur?
	A D D A	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E 00 53 00	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	-WRITE mation s CAUSE TION is	Plece Landership Md Dete / - 3 / 1930	Nature of injury
H	-WRIT mation CAUSE TION i	19. UNDERTAKER The Third was made	\$24. Was disease or injury in any way releted to occupetion of deceased?
No.	B	(Addiess) Rhadele net	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AND REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Example I	il	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPPAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAND—CERTIFICATE OF DEATH

00465

- 0	(8)
Chester,	Registration Dist. No. 113
ylois teld	No. St Ward
n weere death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
about Stan	0.1
The same of the sa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
2	, 19, to, 19, 19
ir) Jan. 21, 1935	I last saw h; death is said
onths Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
O ormin.	were as follows:
NER, Nous	Premalere Birth
L,	
11. Total time (years) spant in this	
yelars Isld	Other Contributory Causes of importance:
W.	
2. Deymour	
md	Name of operation
17 0	What test confirmed diagnosis? Wes there an autopsy?
a Blazily	23. If death was due to external causes (VIOLENCE) fill in also the following:
ayou allo	Accident, suicide, or homicide?, 19, 19
Keene,	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
deson Mid	
eld Date Jan 22, 19.35	Manner of injury
Travers	24. Was disease or injury in any way related to occupation of deceased?
- I. C. nord	(Signed) J. R. Marka Jucal Reg. M.D.
Registrar.	(Address) Tactor to for
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

BINDING

FOR

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PARTITION AND AND AND AND AND AND AND AND AND AN			
Other contributory causes of importance:	1 1 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAplain terms, so that it may be properly classified. FOR BINDING int. See instructions on back of certificate. MARGIN RESERVED AGE should be fully supplied. mation should be car -WRITE PLANLY TION is very impo CAUSE OF DE

V. S. No. 1 B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-2
County Morchester	Registration Dist. No.
Village or City Ulreys Md.	No. St., Ware feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Kochard James	5 Thompson
(a) Residence: No. Chiring and dem	trisplo) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I ettended deceased fro
DATE OF BIRTH (month, day, end yeer) Jacks 13, 1934	I/ast/sew h_ wielive on to the state of the
AGE Years   Months   Days   If LESS then	to heve occurred on the dete steed above, at 11.30Pm.
6 / 6 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et 1. Total time (yeers) this occupation (month and	13. out - / huma ga
9. Industry or business in which	Primary Granelo Foreumonia, Not a compli 193
work wes done, as SILK MILL, SAW MILL, BANK, etc	Cotion or sequelas Cyo
1D. Date deceased lest worked et this occupetion (month end yeer)	4.0
(dision mal	Dther Contributory Causes of Importence:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME Sheman Puedes 14. BIRTHPLACE (city or town). Darchester Cd.	
14. BIRTHPLACE (city or town) - Darchester (d	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Westhere en eutopsy?
15. MAIDEN NAME Unnie Thompson	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Complete Thompson  16. BIRTHPLACE (city or town) Loubente But  (State or country)	Accident, suicide, or homicide?Date of injury
(State or equity)	Where did injury occur?
7. INFDRMANT hasles (soper) (Address) (users m. 4.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Viney Md Dete Jon 3.0, 19.5	Nature of injury
9. UNDERTAKER Adeles Cage	24. Wes disease or injury in any way related to occupation of deceased?
	(Signed)
20. FILED 1-3. O., 19.35 M. Telher & Meskin. Registrar.	1) (Address) Cambridge had

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
grant V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.-

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13	1 2	4	25	7
0	V	I	V	-

	S. FIMILE OF	TATE O	F MAR	YLAND-	CERTIFICATE	OF DEATH	00467
PONT	County Dorche	TH ON			(159)	Projetovico Diet Ma TTC	
H	Village or City C		wa.		No V	Registration Dist. No. II6	
111111						St.,_ itution, give its NAME instead of street an	
						f of foraign birth?X_yrsX	.mosXds.
	TULL NAME Ch				-	v	
	(a) Residence: No	CETOFIC	(Usual place	of abode)	St., I Ward.	If nonresident give city or town a	nd State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEATH	
3. SEX		hite	s. single, mar or divorce Infa	RIED, WIDOWED, D (write the word) nt	21. DATE OF DEATH	January IOth	, 193.5 (Yaar)
H	narriad, widowed, or divo USBAND of or) WIFE of	Infan	ıt			BY CERTIFY, That I attand:	
6. DAT	E OF BIRTH (month, day	y, and yaer)	10/5/	I934.	West saw have alive on.	Jacon 1 1930	
7. AGE		Months	Days	If LESS than	to have occurred on the dete st	aned above, at IZ Noon.	
		3	5	ormin.	wara as follows:	ATH and related causes of Importence	Date of onset
N 8	. Trede, profassion, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER,	Inf	ant.	Marasa	wet-	2000,198
OCCUPATION 01 06	Industry or businass in work was dona, as SAW MILL, BANK,		x		Primary Course:	Prematurity . Com	
00 10	Date dacaased last wor this occupation (mo year)	rked et nth end	11. Total t spe	ima (yaers) nt in this X upation			
12. B1R	RTHPLACE (city or town) (State or country)	Hooper	s Isla	nd,	Other Contributory Causes of in	nportanca:	
₩ 13	NAMERansome	W. Tyle	r.				
14. 14.	BIRTHPLACE (city or to	wn) Maryl	and.		Name of operation	Date of	
₩ 15.	MAIDEN NAME	ary A. G	ilbert			causes (VIOL ENCE) fill in also the follow	
MOTHER 19	BIRTHPLACE (city or to (State or country)	own) Balt		d.	Accident, suicide, or homicide?  Where did injury occur?	Oate of injury	
17. INF		some .			Spacify whether Injury occurred	(Specify city or town, county and S d in INOUSTRY, in HOME, or In PUBLIC	State) PLACE.
18. BUI	RIAL, CREMATION, OR I	REMOVAL	3	/II/35.	Mannar of Injury		
19. UN	DERTAKER Gran	ville S. mbridge,				y way ralated to occupation of dacaasad?	no
20. FIL	ED 1-11.	19.35-07-	Tilhe	Andrew Registrar.	(Signed) (Address)	auchily	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	DEATH
----------------------------------	-------

00468

1. PLACE OF DEATH	<u> </u>
County Workhuster	Registration Dist. No. 110
Village or City hearl Herelock	NoSt.,Ward
Length of residence in city ex town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ward & W	rters
(a) Residence: No.	St., Ward.
(Usua! place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Willow)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Say lum once about 1/1/35 , 19
6. DATE OF BIRTH (month, day, and year) Nov 2 18 12	- I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS that I day,	
8. Trade, profession, or particular	were as follows:  Can't Lay definitely. Had Date of onest
6 Hald of work done, as SPINNER, farn Hand	can by acquiring 14a
S Industry or business in which	Chronic My a cordetic
work was done, as SILK MILL, SAW MILL, BANK, etc	
0. Date deceased last worked at this occupation (month and 19 spent in this year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or couptry)	
13. NAME Levrge, Water	
13. NAME Tearge Water &	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Martha Wright	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Le ullutta Water (Address) Lurio B	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 340	Menner of injury
Place Della Strung 9 Date fan II, 19	Nature of injury
19. UNDERTAKER J. B. Willoughly	24. Was disease or injury in any way related to occupation of deceased?
(Address) Further	If so, specify Q
20. FILED Jay 24 , 1935 Chas 24 Washings	(Signed) Sloger Myera M.D.
Registrat	(Address) Theilbric That

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

V. S. No. 1

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SUREAU V. S.	ti i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O	F DEATH		YLAND—	(29)	-
	Dorchester			Registration Dist. No.	0
Village or C	ity Finchvill	Le,		No. St., death occurred in a hospital or institution, give its NAME instead of street at	Ward
Length of res	idence in city or town where	death occurred		T ds How long in U.S. if of foreign birth?yrs	
2. FULL NA (a) Residen	Dhodo		Winder, d. R. F. of abode)	D • St., Ward.  If nonresident give city or town	and State
PERSON	IAL AND STATIST	FICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male,	4. COLOR OR RACE Colored,		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH  January 3I  (Month)  (Oav)	, 1935 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	red, or divorced			22. SHEREBY CERTIFY, That Jattend	
6 DATE OF RIPTH	(month, day, and year)	Mar. 20,	1926	I last saw h win alive on 195	S death is said
7. AGE Yes		Days	If LESS than	to have occurred on the date stated above, at 7-Pm.	
8	IO	II	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
9. Industry or work wa SAW MII	ty or town)	spe	ime (years) nt in this upation	Other Contributory Causes of importance:	91.6/5.3
1		ey Winde:	n Lilla		
14. BIRTHPLACE	T	Delmar,	Del.	Name of operation Date o  What test confirmed diagnosis? Was there	2.
	(city or town) Do	ie Cepha orcheste y Winder sdale, M	r Co. Md.	23. If death was due to external causes (VIOLENCE) fill In also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC	ving:
18. BURIAL, CREMAT				Manner of injury	
19. UNOERTAKER(Address)	J. T. Fram Federal	ptom & S sburg, M	ion.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	ж М. О
20. FILEO.	19 00 19 1	43: 1. 1	Registrar.	(Address) Federally	Ung

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
LINE DE LA CONTRACTOR DE	e e		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00471
1. PLACE OF DEATH	(82-77)
County Dan Later	Basistatian Diet No. 149
2/ + 1-0	Registration Dist. No. 147
Village or City (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmgs.	
2. FULL NAME Classics Frances There	
V + 2-1	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Levela Philo married	- (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT FY, That I attended deceased from
(or) WIFE of J-J2 Ohn-Jan	
11/16/17 1871	
b. DATE OF BIKTH (month, day, end year)	0 1 2 7 2
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at O. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	apoleta
work was done, as SILK MILL, SAW MILL, BANK, etc.	<u> </u>
1D. Date deceased last worked at this occupation (month and year)	
The state of	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME OF CLASSICS	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME Nat Rivarda	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Helge's F. Rakenson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Jallacee Md	
18. BURIAL, CREMATION, DR REMONAL	Manner of injury
Place Date	Nature of injury
10 HADEDTAKED 48 Le Compat	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
1012 257. D. D. H. J.	(Signed) 7 M. D.
20. FILED Gland S., 1913 William & O Trus Child	
	(Address)
e de la company	

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

attended deceased from

Oate of onset

MARGIN RESERVED FOR BINDING

04	STATE	OF	MARYLAND—CERTIFICATE OF	DEA'
1. PLACE OF D	DEATH		93-0	

1. PLACE OF DEATH		(93-C)			
County Dorchester	Bégistration Dist. No. II6				
Village or City Cambridge, Md	No.			St	Ward
Length of residence in city or town where death occurred _58_yrs	(If death occurred 2 mos. ds.		tution, give its NAME i of foreign birth?		nber)ds.
2. FULL NAME Lyda H. Wright			/		
(a) Residence: No. Cambridge, Md. (Usual place of abode)	st., I	Ward.	If nonresident gi	ve city or town and S	ate
DEDCOMAL AND STATISTICAL DARTICHLAS	DC I	MEDICAL	PERTIFICATE	OF DEATH	

(a) Reside	nce: No. Cambi	(Usualplace		St., — Ward.  If nonresident give city	7 01
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DE
Male	4. color or race White	5. SINGLE, MARRIED, WIDOWED, OR DI LORCED (write the word)		21. DATE OF DEATH  January 25  (Month) (D	Day)
a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced  Late Walte:  (month, day, and year)]]			22. I HEREBY CERTIFY. That 19 to 19	
	ears Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5.30 m	
9. Industry or work wis SAW MI 10. Date decea this occi	ession, or perticular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upetion (month and 25/	House W	ime (years)	Acouse Chrona Dela	t i
year) _		0000	upation	Other Contributory Couses of Importance:	

Cambridge, Md. 12. BIRTHPLACE (city or town). (State or country)

13. NAME Wm. D. Hopkins

FATHER 14. BIRTHPLACE (city or town) Maryland. (State or country)

Christopher. 15. MAIOEN NAME

MOTHER 16. BIRTHPLACE (city or town) (Stete or country)

Thurman Phillips. Cambridge, Md. 17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL I/28/35 40

S. LeCompte. lle 19. UNDERTAKER (Address)

Registrar.

What test confirmed diagnosis? Manua Q Was there an autonsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19.

Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE

CAUSE OF

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Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

back

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LION

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(Signed)

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(Address) \_\_ [o\_

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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